

Your monthly overview from the Iowa Department of Public Health


 FOCUS

January 2005

Harkin seeks to make Iowa a model for wellness

Senator Tom Harkin, continuing his efforts to improve the overall wellness of Iowans and all Americans, met with leaders from the Iowa Department of Public Health (IDPH) and county public health officials on December 14 to discuss ideas and initiatives to improve the health of Iowans. Harkin recently secured \$3 million in the omnibus appropriations bill for Harkin Wellness Grants to be used by groups across the state to promote healthier lifestyles. Harkin sought the meeting with IDPH and county health officials to hear their ideas on how to best utilize the funding.

"We are facing a super-sized health crisis in this country," Harkin said. "Too many Americans are overweight or suffer from obesity, which can



IDPH Director Mary Mincer Hansen and Iowa Senator Tom Harkin answer questions at an IDPH news conference on December 14.

lead to serious chronic health conditions like heart disease and diabetes. I am pleased that the state health department and local public health officials across the state are joining with me to make

Iowa healthier. Today's meeting is the first step in an aggressive plan to improve the overall wellness of Iowans and to make Iowa a model for the rest of the nation."

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2005 EMS leadership conference agenda set

By Susan Reynolds

Pediatric color coding, deployment to Florida, legislative advocacy and traumatic stress: these are the topics to be presented at the 2005 EMS Leadership Conference, February 3.

This year's annual conference will be held at the Adventureland Palace Theater in Altoona following Iowa EMS Association's (IEMSA) Day on the Hill. This is the

first year the EMS Bureau and IEMSA have partnered together holding the conference on the same day when EMS groups and providers from all over the state are meeting with legislators.

This pre-conference activity will be a lead-in to the first topic on the conference agenda, "Being a Legislative Advocate." Senator David Johnson and Representative Roger Thomas will discuss the importance of being in-

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Harkin seeks to make Iowa a model for wellness

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"Achieving a healthier Iowa will require a strong community effort across the state," said Dr. Mary Mincer Hansen, director of the Iowa Department of Public Health. "These grants will give Iowa communities the boost they need to help Iowans lead a healthy lifestyle."

The Harkin Wellness Grants are the latest Harkin initiatives to improve the overall wellness of Iowans. The goal of the grants is to help dozens of local governments, agencies, and non-profits develop creative approaches to promoting wellness. Right now, only general guidelines for the Harkin Wellness Grants exist. Those guidelines include:

- The awardees must focus on one or more of four priorities in the HeLP America Act: nutrition, physical activity, mental health, and smoking cessation.
- Encouraging local matching funds.
- Projects must include quantifiable goals.
- And, because of the interest in building "healthy community" models, preference will be given to a consortium of entities in a given geographic area.

"Individualizing each project to meet the needs of a specific area is vital to the success of this initiative," Harkin said. "The input from health officials from all parts of the state will be invaluable as we move ahead. I want to thank all those who participated and I look forward to a continuing dialogue with health officials in the state on how to make Iowa healthier."

In addition to the Harkin Wellness Grants, Harkin also introduced the HeLP America Act of 2004. This comprehensive legislation seeks to prevent obesity and other preventable chronic conditions. Achieving these goals will require a comprehensive approach that, rather than focusing on sickness, encourages healthy lifestyles and integrates healthy choices into individual's daily lives. The HeLP America Act of 2004 recognizes the challenges of chronic disease and health promotion and provides all sectors, child-care centers, schools, workplaces, and communities with the tools that they need to reach the goal of making America a healthier place.

More information on the grants will be available on the IDPH web site in the coming weeks.

2005 EMS leadership conference agenda set

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involved in the legislative process. Both legislators have experience as being EMS providers. Other presenters for this session will be Ric Jones the legislative chair of IEMSA and Dubuque City Fire EMS supervisor, and Lynh Patterson, Iowa Department of Public Health's legislative liaison.

Lisa R. LaDue, director of the National Mass Fatalities Institute, will address the impact of the nervous system to traumatic stress, highlighting basic functions of the autonomic nervous system that can be altered by trauma. Ms. LaDue co-authored the "Mass Fatalities Incident Response Plan," which is the foundation of the curriculum for the institute. She has lectured extensively on topics related to trauma, terrorism and disaster planning.

Deployment Florida – hear first hand from team leaders Brenda McGraw and Cory Bonnett as they share their experiences as part of Iowa's public health team deployed to provide health relief efforts following the destruction of the Florida hurricanes. Brenda McGraw is the hazmat coordinator and the disaster representative in the emergency room at Mercy Medical Center in Des Moines. Cory Bonnett is currently a field supervisor with Johnson County Ambulance, a member of the State DMAT team and the logistics officer for the Federal DMAT team based in Iowa.

The conference will conclude with speaker Dr. James Broselow. Dr. Broselow is the developer of the "Broselow Tape" for pediatric emergencies. His presentation, "Color Coding Kids...The Broselow-Luten System," will teach emergency care providers the importance of a universal system in pediatric therapy that will enhance pediatric patient safety using color as a common language. Dr. Broselow is a prominent speaker who lectures around the country and is presently in practice at Catawba Memorial Hospital in Hickory, North Carolina.



Dr. Broselow

The conference is sponsored through the Iowa Department of Public Health's CDC Cooperative Agreement Bioterrorism Grant. You may download the conference brochure, including the registration form at <http://www.idph.state.ia.us/ems/new.asp>.



Iowa Department of Public Health

Promoting and Protecting the Health of Iowans

Ring in the 2005 legislative session

By Lynh Patterson

Next to the holidays, the other big event at this time of year is the start of a new legislative session. Beginning January 10, parking lots around the Capitol will be full and activity under the dome will be bustling.

The 2004 elections resulted in House Republicans clinging to a sliver of a majority at 51-49 and a Senate tied at 25-25. Either there will be consensus building in the Legislature and much will get done, or there will be gridlock and little will be accomplished. Only the upcoming weeks will tell.

The Senate has determined that both parties will share leadership authority. This means instead of a majority and minority leader there will now be a Democratic Leader, Sen. Mike Gronstal, and a Republican leader, Sen. Stewart Iverson. Democrats also now have a Democratic President, Sen. Jack Kibbie to work with the Republican President, Sen. Jeff Lamberti. Each party will alternate weeks in which they are in charge, which includes determining what bills will be debated on the floor.

New faces will be leading the health policy committee. Long-time House Human Resources Committee Chairman Dan Boddicker retired after last session, and Rep. Linda Upmeyer from Garner will be the new chair. Last session's Senate Human Resources Committee Chair, Ken Veenstra, was defeated in his primary and will be succeeded by Sen. James Seymour from Woodbine. Sen. Maggie Tinsman will co-chair the Health and Human Services Budget Subcommittee with Sen. Jack Hatch. Rep. Dave Heaton will again serve as House chair of the budget subcommittee with Rep. Ro Foege as the House democratic leader.

Funding Medicaid continues to be the big health policy gorilla of every legislative session. Other major health issues that the Legislature may tackle are increases in the tobacco tax, alternative health care, mental health parity and universal assessments for older Iowans.

IDPH will have two bills of its own, an omnibus policy bill and a bill consisting of department fee-related changes. A summary of the bills can be found on the department's legisla-

tive updates web page. However, the summaries are the first drafts of the bills. The language may change as the department receives input from associations, local public health, and other stakeholders.

As session begins so do the department's Legislative Updates, which are written every week during the session. The update is my attempt to let interested readers know what legislators are working on since it can be difficult to keep track of activities at the Capitol. The update is also posted on the department's legislative updates web page.

People are also encouraged to check out the General Assembly web site: www.legis.state.ia.us. There is plenty of information about legislators, bills, committees and debate schedules.

A new session means new opportunities to improve health-care policies. As always, it should be another exciting year.

Hillcrest Family Services of Clinton receives award

By Angie Tagtow

Lt. Governor Sally Pederson made a special visit to Clinton on Dec. 15 to present an Iowa Shines award to Hillcrest Family Services of Clinton office, which was nominated by the Iowa Department of Public Health for collaborative services with other agencies to serve women and children.

According to an article in the Quad-City Times, Hillcrest is among about 20 recipients of the award since its creation this year to honor communities that work hard to merge state and local resources for the benefit of schools, attractions, and health-care services. Cynthia Kaczinski was quoted as saying that the Clinton office

oversees the Women, Infants, and Children (WIC) program for low-income families. It also brings in a dental hygienist and offers women's health services several days each month, works with school districts to provide special education programs at a Clinton church and coordinates services with other health-care agencies. Ms. Kaczinski said that the program serves about 1,000 participating families each month.

Lt. Governor Pederson stressed the importance of collaboration and said she hopes to see a new push for children and family issues in the coming legislative session.



Iowa Department of Public Health

Promoting and Protecting the Health of Iowans

2005 Public Health Conference – Partnering for a Healthy Iowa

By Marcus Johnson

The annual public health conference is scheduled for March 29 and 30 at the Iowa State Center, Scheman Center in Ames. The theme for this year's conference is "Partnering for a Healthy Iowa." Featured speakers include Paul Kuzniar, Linette Granen, and Linda Greenfield.

Paul Kuzniar is a partner in The Competitive Edge™, a management consultancy based in Santa Monica, California, specializing in leadership and business development. Kuzniar's work in health care includes training and consulting with Amgen, Apothecon/Bristol Myers, Atrix labs, Baxter Healthcare, Cognis/Henkel, Genentech, Hoffman La Roche and Vipont/Colgate. Mr. Kuzniar recently completed a year-long senior fellowship at the Centers for Disease Control and Prevention where he worked on health promotion and disease prevention. His presentation titled "Public Health: Peril, Promise, Partners" will be given on the morning of March 29.

Linette Granen is the Communication and Marketing Manager for the National Laboratory Training Network (NLTN), a training program cosponsored by the Association of Public Health Laboratories and the Centers for Disease Control and Prevention. Prior to her position at the NLTN, Ms. Granen was the Program Manager for Diagnostic Laboratory Services and Field Services for Mississippi State University College of Veterinary Medicine. Ms. Granen holds a bachelor's degree in medical technology from the University of New Orleans. Besides being licensed as a clinical laboratory scientist, she is a certified clinical laboratory director. She will present "Working Across the Generation Gap" on Wednesday, March 30.

Linda Greenfield started her career as a nurse and nursing instructor working in Iowa, Massachusetts, Texas, Turkey, North Dakota, New Hampshire and Florida. In 1979, she founded Consultants for the Future, an independent continuing education company for health-care professionals. In 1984 she returned to college, graduating from Columbia Pacific University in San Rafael, California, with master's and doctorate degrees in health and human services. After 25 years in continuing

education, Dr. Greenfield broadened her perspective to incorporate not only the traditional concepts of western health care, but also the more eastern perspective of holistic attention to the mind, body and spirit. She attended the Healing the Light Body School and completed their two-year course to become an energy healer. Today Dr. Greenfield is active as an energy healer, yet she continues teaching in health care through her company, Consultants for the Future. "More Power to You: An Energetic Perspective for Managing Personal Power" will bring the conference to a close on March 30.

The conference also includes over 40 concurrent sessions on a wide range of topics, an awards reception to honor outstanding work in public health, exhibits and poster sessions, and business meetings.

Some of the workshops include: Developing Partnerships to Decrease Transportation Barriers for Health Care Access; Physicians Role in Children's Oral Health; Current and Planned Environmental

Health Education Programs: University of Northern Iowa; Threat Level Red: Are You Prepared?; How Real is Food Insecurity in Iowa?; Health Insurance Outreach and Interventions; Healthy Lifestyles for Women in Substance Abuse Treatment; Spreading the Medical Home Model: Advocacy: Why is it Important to Public Health and Public Policy Development; Improving Environmental Health Services: A Step-By-Step Guide for Writing a Successful IDPH Mini-Grant Application; Injury Prevention and Control: Solutions for an Under-Recognized Public Health Priority; Public Health Professionals: The "Skills" to Do Your Job; and many more.

Participants who register by March 1, 2005 will receive a reduced conference rate of \$100. Students are encouraged to attend and a reduced conference rate of \$50 is available to full time students. One-day rates are also available to all participants.

Continuing education credits in a variety of disciplines will be available for attendees. For more information or to download a registration brochure, including a registration form, visit www.ieha.net or www.iowapha.org. You can also contact Sara Patkin, conference coordinator, at m spatkin@yahoo.com or (515) 963-8664.

Please join us at the 2005 Public Health Conference – Partnering for a Healthy Iowa!



Iowa Department of Public Health

Promoting and Protecting the Health of Iowans

Programs collaborate to advance women's health

By Janet Peterson

The Iowa Department of Public Health (IDPH) Office of Women's Health has compiled an inventory of IDPH programs that address the unique health care needs of women. At least 25 programs incorporate women's health-related services into their public health programming. A document, IDPH Women's Health-Related Programs, January 2005, is available that provides brief information on these programs in the areas of addictive behaviors, chronic disease/risk reduction and healthy behaviors/health promotion. Points of contact and web site references are also included. Most of the web sites are within the IDPH web site.

Some facts that may not be very well known include the following:

- In fiscal year 2004, of gamblers admitted to treatment, 46 percent were women.
- Osteoarthritis, rheumatoid arthritis, lupus, osteoporosis, and other forms of arthritis affect women at a higher rate than men.

- Women's cardiovascular disease symptoms are more likely to be ignored or dismissed by women themselves and their doctors, than similar symptoms in men.
- Violence against women has direct and indirect consequences on women's health, affecting pregnancy outcomes, risk of serious injury or death, and rates of depression.

The IDPH staff represents a tremendous wealth of knowledge about a wide range of women's health topics. The Office of Women's Health serves as a coordinating point for connecting people with these experts. This document works well for orientation and general information for anyone. Copies of the IDPH Women's Health-Related Programs Summary, January 2005 can be obtained by calling or sending an e-mail request to Janet L. Peterson, RN, MHA at 515-242-6388 or jpeterso@idph.state.ia.us.

Decatur County partnership builds a wellness center

Decatur County Public Health was asked to partner with the Decatur County Hospital to develop a community wellness center in the late spring of 2004. Public health applied for and received grant funds to purchase the necessary equipment. The wellness center is open to 12 years and older every day of the week. Various memberships are available:

- monthly, three months or six months;
- variable rates for single, couples, family, seniors and special needs groups;
- membership discounts for some of the hospital department's patients;

Since opening day, November 1, 2004, there are approximately 100 new members. The partnership continues to support operation of the wellness center as the hospital Ambulance Department operates the center during week days 6 a.m. till 5 p.m. and the center is operated by community volunteers on evenings and weekends.

One of the wings of a building adjacent to the hospital was renovated by Decatur County Hospital to develop the wellness center. The center has three treadmills, two upright bikes, one recumbent bike, one elliptical, one Life-Fitness multi gym, a sit-up bench, a vertical knee raise/dip, a back extension, an adjustable bench and a multitude of free weights available. Step aerobics and strength training are each offered three times per week

and participation is included in the membership fee.

Decatur County Public Health plans to move to a vacant area in the hospital near the wellness center. Public health may integrate their massage therapy with the wellness center's programs. Public health will incorporate additional wellness activities with the center's activities. Obesity is one of the community health problem targeted as a priority in Decatur County.

A new community health center will be housed in the same building. The plan is to encourage community health center clients to join the wellness center to help prevent disease and to improve their health and wellness.



Iowa Department of Public Health

Promoting and Protecting the Health of Iowans

Report on health insurance coverage of Iowa children shows gaps

By the University of Iowa

A new report on health insurance coverage of Iowa children indicates that nearly 90,000 children in the state are uninsured at some point in the year. Some programs, however, are available to help families, and more could be done to expand, as well as educate people about, options.

The findings are included in the report "Health Insurance Coverage of Children in Iowa," a collaborative effort by the University of Iowa Public Policy Center, the Iowa Department of Public Health and the Child Health Specialty Clinics based at the UI. The report was based on the Iowa Child and Family Household Health Survey of summer 2000.

The analysis is the first comprehensive attempt statewide to evaluate the status of health insurance for children, and the report points to several trends that policymakers should consider, said Peter Damiano, D.D.S., one of the report's authors and director of the Health Policy Research Program at the UI Public Policy Center.

"One of the most important things we saw was that nearly one in eight children, or 12 percent, were without health insurance at some point in 2000. Although the data are from 2000, national studies indicate that the number of insured children has not changed since then," said Damiano, who also is a professor in the UI College of Dentistry.

The survey used telephone interviews of randomly selected families in the state. Of 4,590 families contacted, 71 percent, or 3,241, agreed to participate in an interview. Each interview included nearly 125 questions and was conducted by the Center for Social and Behavioral Research at the University of Northern Iowa.

The study found that at the time of the interviews, six percent of the families had no insurance for their children. Another six percent of the families reported their children were uninsured at some point in the prior 12 months. Combined, these figures indicate 12 percent of Iowa children (approximately 90,000) are uninsured annually.

The study also revealed that 80 percent of these uninsured Iowa children were eligible for either Medicaid or **hawk-i**, which is a state/federal program that provides insurance to children in low-income families. Almost six out of 10 uninsured children live in families earning less than 133 percent of the federal poverty level and could be eligible for Medicaid. For a family of four that annual income would be about \$18,400 per year.

"One of the big policy implications is that we are not doing a very effective job enrolling children who are eligible for these health insurance programs," Damiano said.

"Overall, we are doing better in Iowa than in other states, but we still are talking about a significant number of chil-

dren who could be helped."

A U.S. Census Bureau Population Survey (1999-2001) showed that Iowa's rate of uninsured children is about half the national average and the fifth lowest among all states. However, with more education and outreach, it might be possible to cover about four out of every five currently uninsured children in the state.

In terms of unmet needs, the study pointed to a particular problem with dental care—one in four children in Iowa has no dental insurance.

"Even one in five children who had Medicaid, which covers dental services, were stopped from getting dental care because of the lack of providers willing to take them," Damiano said. "It is important to improve this access."

Damiano said the study also showed other ways in which having insurance does not guarantee access to care. Parents who are not insured themselves or who do not routinely seek care for themselves may be less likely to seek or use insurance coverage for their children.

"Financial ability to pay for services is only one part of access to care. It's important to recognize that people perceive in different ways whether they or their children need care," Damiano said.

"It may be appropriate to cover families as a unit rather than simply covering children. This could lead parents to use services appropriately, receive regular preventive care and establish a medical home for themselves and their children. Thus, finding ways to cover parents, who are generally young adults with relatively low health care costs, is an important consideration from a policy-making point of view," he added.

Nationally and in this Iowa study, rates of insured adults are about twice the rates of insured children. The Iowa study revealed that after parents enrolled their children into the **hawk-i** insurance program, there was a slight increase in the number of parents who had health insurance.

Damiano said it is not clear why the positive effect is happening. He also said it is important to note that nearly 80 percent of the uninsured are working adults and their families.

"Another major issue with uninsured children is that it puts stress on the family," Damiano said. "Nearly half of the parents who had uninsured children said they were worried about their children's well-being."

In contrast, such worry was expressed by only 16 percent of parents with children covered by Medicaid and by five percent of parents with children covered by private insurance.

The racial distribution of the families was 90 percent white. However, Latino children were twice as likely as non-Latino children to be uninsured. The number of children in

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Iowa Department of Public Health

Promoting and Protecting the Health of Iowans

Iowa experiences a busy season of pertussis

By Teri Thorton

Iowa and surrounding states are experiencing large statewide outbreaks of pertussis. Pertussis is the only disease for which children are routinely vaccinated that is not at historically low levels in the United States. The Centers for Disease Control and Prevention said the disease is under reported but the number of cases reported is the highest recorded in three decades. The increase seen in pertussis is not due to ineffective vaccines or programs.

Pertussis containing vaccine is 70-90 percent effective, immunity wanes 5-10 years after the last dose given which is usually between 4-6 years old. Currently there is no licensed pertussis containing vaccine for those over 7 years old in the United States. Pertussis continues to strike those who are susceptible because of waning vaccine-induced immunity and infants who are too young to have completed the primary series.

To address the issue of waning immunity, two vaccine manufacturers have developed an adult version of pertussis containing vaccine and applied to the FDA for licensure, we expect to see these products the middle of 2005.

Pertussis is a bacterial infection of the air passages leading to the lungs, plugging them with thick mucous. The classic symptom of pertussis is as the name implies, a whooping cough with 5-15 consecutive forceful coughs on a single breath followed by a high-pitched whoop as the person rapidly and deeply inhales. The coughing fits are sometimes accompanied by gagging and vomiting. Adults, teens, and vaccinated children often have mild symptoms that mimic bronchitis or asthma.

Pertussis has three characteristic stages:

- **Catarrhal:** upper respiratory infection, beginning cough, fever is usually absent, this stage can last two weeks.

- **Paroxysmal:** Bursts, or paroxysms of spasmodic cough with or without post-tussive vomiting. Inspiratory whoop, this stage lasts 1-6 weeks.
- **Convalescent:** symptoms resolve over weeks to months.

Unfortunately, in the most contagious stage of the disease, the characteristic coughing spells have not yet started. The illness begins insidiously, more or less like a common cold, with sneezing, a runny nose and an annoying cough that can interfere with sleep. With or without treatment, the illness persists for three weeks to three months (seven weeks on average).

Rarely is pertussis more than a debilitating annoyance for adolescents and adults. Most carry on their usual activities, unwittingly spreading the disease to others at school, work, and home to those who are most vulnerable to disease mainly infants, elderly and persons with underlying health problems. About two-thirds of infants who contract pertussis become seriously ill, and may need to be hospitalized.

Pertussis control measures involve testing suspected cases, conducting close contact investigation, notifying close contacts of exposure, and directing individuals to their physicians for antibiotics. Antibiotics are given to close contacts to prevent disease, and to symptomatic case patients to make them non-infectious to others.

The Iowa Department of Public Health held a statewide ICN to educate providers on the disease, diagnosis, outbreak management, testing and treatment guidelines. To access this and other information on pertussis go to: <http://www.idph.state.ia.us>. IDPH also has a team of nurses in place to assist counties and health-care providers with guidance through this outbreak.

Report on health insurance coverage of Iowa children shows gaps

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the other racial/ethnic groups was too small to adequately measure differences in this study, Damiano said.

The study was funded by a grant from the Maternal and Child Health Bureau of the federal Health Resources and Services Administration. The report is available online at <http://ppc.uiowa.edu/health/iowachild2000/index.html>.

A previous report by the UI Public Policy Center and

the Iowa Department of Human Services showed that the **hawk-i** program increases access to health care for Iowa's children. For more details about child health insurance programs in Iowa can ask their doctor, school nurse or county human services office. In addition, information on hawk-i and Medicaid insurance programs for children is available online at www.hawk-i.org or by calling (800) 257-8563.



Iowa Department of Public Health

Promoting and Protecting the Health of Iowans

Epidemiology Notes

From the Center for Acute Disease Epidemiology, 1 800 362-2736 (24-hour number)

Influenza vs. Colds vs. Pertussis Quick Reference

IDPH has created a table to help distinguish between three diseases: influenza, colds and pertussis as a quick reference tool. With winter approaching, the first case of flu confirmed, increasing in respiratory illnesses and Iowa's wide spread pertussis outbreaks, we hope that this tool might help to distinguish between these diseases. The quick reference tool is located at http://www.idph.state.ia.us/adper/common/pdf/flu_colds_pertussis.pdf

Child Care Center Posters Available

In an ongoing effort to prevent the spread of influenza in Iowa, especially in child care centers, the Iowa Department of Public Health, with financial support from the Welmark Foundation, has mailed out to all of Iowa's licensed child care centers influenza posters, pamphlets, and fliers. These materials stress the importance of hand washing, covering the mouth when coughing or sneezing, and staying home when ill. Influenza causes thousands of illnesses and absences in children, staff, and their families. IDPH has posted these resources on its web site <http://www.idph.state.ia.us/adper/flu.asp> and invite our medical and public health partners to promote their use. An example of the poster is on page 9.

Important Health Information about Influenza Vaccine

The flu vaccine is now available to more Iowans. Beginning December 15, the revised list of priority groups will include:

New:

- All adults 50 years or over
- All household contacts of high-risk persons

Current:

- All adults 65 years and over
- All children 6 months through 23 months
- Individuals 2 years through 50 years with underlying chronic medical conditions
- All women who will be pregnant during the influenza season
- All children 6 months through 18 years on chronic aspirin therapy
- Residents of nursing homes and other long term care facilities
- Out of home caregivers and household contact of children under 6 months of age
- All health-care workers involved in direct patient care

Reminder:

- **The second dose of influenza vaccine for children under nine years of age receiving the vaccine for the first time**

Influenza Update: For the week-ending December 25, 2004 (Week 51)

Iowa is seeing increases in the influenza activity. The current level is categorized as "local" influenza activity. Sentinel providers in the eastern part of the state are seeing an increase in influenza-like illness in patients, and have isolated influenza virus within the past three weeks. The University Hygienic Laboratory has confirmed both influenza A - H3N2 and influenza B in the Iowa. Currently both the influenza A and B isolates from Iowa appear to be similar to the strains contained in this year's vaccine.

For the latest influenza information including an updated Iowa influenza activity map, Iowa Week 50 influenza surveillance report, influenza prevention materials, and the latest guidelines for use of the influenza vaccine visit the Iowa Department of Public Health's influenza web site at <http://www.idph.state.ia.us/adper/flu.asp>

Public Health Grand Rounds "Vaccine Shortages: Protecting the Public's Health amid Strategic and Ethical Concerns"

January 28, 2005, 1-2 p.m. Central Standard Time

This is the 21st broadcast in a series dedicated to increasing awareness of today's public health challenges. This program will seek to increase awareness of the local, state, and federal response to vaccine shortages and the strategic and ethical concerns for public health.

Objectives:

- Identify two key factors that influence the stability of the vaccine supply.
- Describe the role of public health in responding to vaccine shortages.
- Identify three strategic concerns posed by vaccine shortages.
- Describe an ethical concern posed by vaccine shortages.
- Identify three lessons learned in the local response.

Audience:

Public health leaders, managers, and professionals from local and state health departments, boards of health, hospitals, community-based health organizations, academic institutions, federal agencies, vaccine producers and distributors, physicians and other health-care providers who are concerned about vaccine shortages and seek to understand the strategic and ethical implications for public health.

Registration for this series is only available online at the newly redesigned web site:

www.publichealthgrandrounds.unc.edu

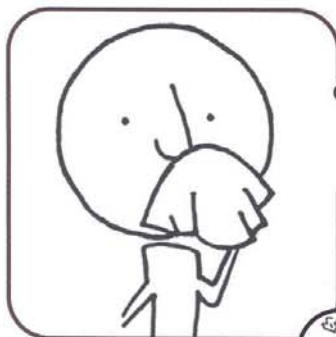


Iowa Department of Public Health

Promoting and Protecting the Health of Iowans

Stop the spread of germs that make you and others sick!

Cover your Cough



Cover your mouth
and nose with a
tissue when you
cough or sneeze
or

cough or sneeze into
your upper sleeve,
not your hands.



Put your used tissue
in the waste basket

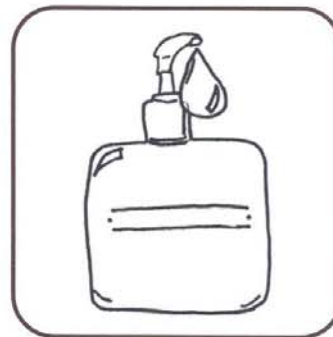


Clean your Hands

after coughing or sneezing.



Wash hands
with soap and
warm water.



Iowa Department of Public Health
Promoting and protecting the health of Iowans



Talkline
1-800-369-2229

For more posters like these visit www.healthyiowa.org.



Iowa Department of Public Health

Promoting and Protecting the Health of Iowans

Worth Noting

Awards to minimize health worker injuries in Iowa

A Correction to the December article "IDPH announces awards to minimize health worker injuries in Iowa." Cerro Gordo County Department of Public Health was also a recipient of the home-care agency award.

Lighten Up Iowa

Lighten Up Iowa begins on January 19. Lighten Up Iowa is a five-month competition that encourages Iowans to develop healthy activity and eating habits. Iowans are encouraged to form teams of two to ten people and then go the distance! Lighten Up Iowa began as a statewide program in 2003. Since its first year, over 20,000 Iowans have been involved with the program. During those two years **4.8 MILLION MILES** of activity has been logged and **65 THOUSAND** pounds lost. For more information on Lighten Up Iowa visit www.lightenupiowa.org.

The Governor's Conference on Public Health Barn Raising V

Mark your calendar for the Governor's Conference on Public Health Barn Raising V: Building Iowa as a Healthy Community, July 28-29 at Drake University in Des Moines. The registration fee is \$50, and the conference brochure will be available in May. More information can be found at www.idph.state.ia.us (click on conferences) or call 515-360-8046.

IDPH web site a public health essential

The IDPH web site is constantly being updated. For the latest information on various programs, statistics, services, funding availability, upcoming conferences and trainings, and legislative updates visit www.idph.state.ia.us.

Iowa Department of Public Health

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What would you like to see in the Iowa Health FOCUS? Send your suggestions for future articles, letters to the editor, upcoming events, or to add names to the mailing list by e-mailing the FOCUS Editor, Sarah Taylor at staylor@idph.state.ia.us.



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